STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL066014 05/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1516 TYLER ROAD **CONFIDENCE BUILDERS** RICH SQUARE, NC 27869 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This facility was first licensed as a Family Care Home serving three (3) ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on April 7, 2009. Based on this we are requiring the home to be in compliance with the 2005 "Rules (10A NCAC 13G) for the Licensing of Family Care Homes ", and, the 2006 North Carolina State Residential Building Code. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. C 143 C 143 Corridor-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having corridors that contain uneven floors and transitions. This would effect all residents by exposing them to tripping hazards and hampering free egress in an emergency. Findings include: The back corridor floor is uneven, and has multiple transitions creating a tripping hazard. C 147 Outside Entrances/Exits-Single Hand Motion C 147 SECTION .0300 - THE BUILDING

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FOI 000044	B. WING		0.7/0		
NAME OF F		FCL066014	05/07/2010			7/2015	
	PROVIDER OR SUPPLIER	1516 TYLI		STATE, ZIP CODE			
CONFIDE	CONFIDENCE BUILDERS RICH SQUARE, NC 27869						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ULD BE COMPLETE		
C 147	Continued From pa	ge 1	C 147				
	AND EXITS (d) All exit door look by a single hand motimes without keys. buttons on the inside removed or disable. This Rule is not med. Based on observas not maintained doors that could no motion. This would allowing free egress. Findings include:	et as evidenced by: vation, egress from all areas in a safe manner by having t be opened in a single hand effect all residents by not					
C 153	Houskeeping And F SECTION .0300 - T 10A NCAC 13G .03 FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture (e) This Rule shall homes. This Rule is not me The facility failed to	re home shall: lings, and floors or floor n and in good repair; ic unpleasant odors; clean and in good repair; l apply to new and existing et as evidenced by: keep the walls and ceilings in ng exterior trim and interior	C 153				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		ECI 066044	B. WING		05/0	7/2045
		FCL066014	<u> </u>		05/0	7/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CONFID	ENCE BUILDERS		ER ROAD JARE, NC 2'	7869		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 153	Continued From pa	ge 2	C 153			
	from a leak, b) The bathroom w					
C 174	Building Equipment	Maintained Safe, Operating	C 174			
	EQUIPMENT (a) The building armechanical, and plucare home shall be operating condition	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing				
	system was not ma	vation, the building electrical intained in a safe manner. I residents by potentially				
	Findings include: A 220-volt outlet be to the wall.	hind the dryer is not secured				
	was not venting to t	vation, the exhaust ventilation the outside of the building. The residents by exposing them ontaminants.				
	Findings include: Thye exhaust ductobecome disconnect	on the clothes dryer has				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED		
		FCL066014	B. WING		05/0	7/2015		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
CONFID	CONFIDENCE BUILDERS 1516 TYLER ROAD RICH SQUARE, NC 27869							
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C 174	3. Based on obsercomponents provid path were not main a) On the front por brick on the steps is 4. Based on observ components provid smoke have not be Findings include: a) Bathroom door and latch,	vation, the building ed to have a level walking tained in a safe manner. ch boards are loose and some s broken creating a trip hazard ration, the building ed to slow down the spread of	C 174					

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